

Does the UK pre-registration nursing curriculum prepare mental health nursing students to undertake holistic care? 3rd year nursing students narrative account.

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Background

It is well established in the literature that people with Serious Mental Illness (SMI) experience poorer health outcomes than the wider population. Mental Health Nurses (MHNs) are well positioned to address physical health with service user yet often fail to do so.

The reasons for this are complex and multifactorial; ranging from lack of specific training, disparate care systems between Primary and Secondary Care in the UK, a lack of consensus around the role of the mental health nurse and a clinical culture which appears to dismiss physical care as the domain of the adult nurse.

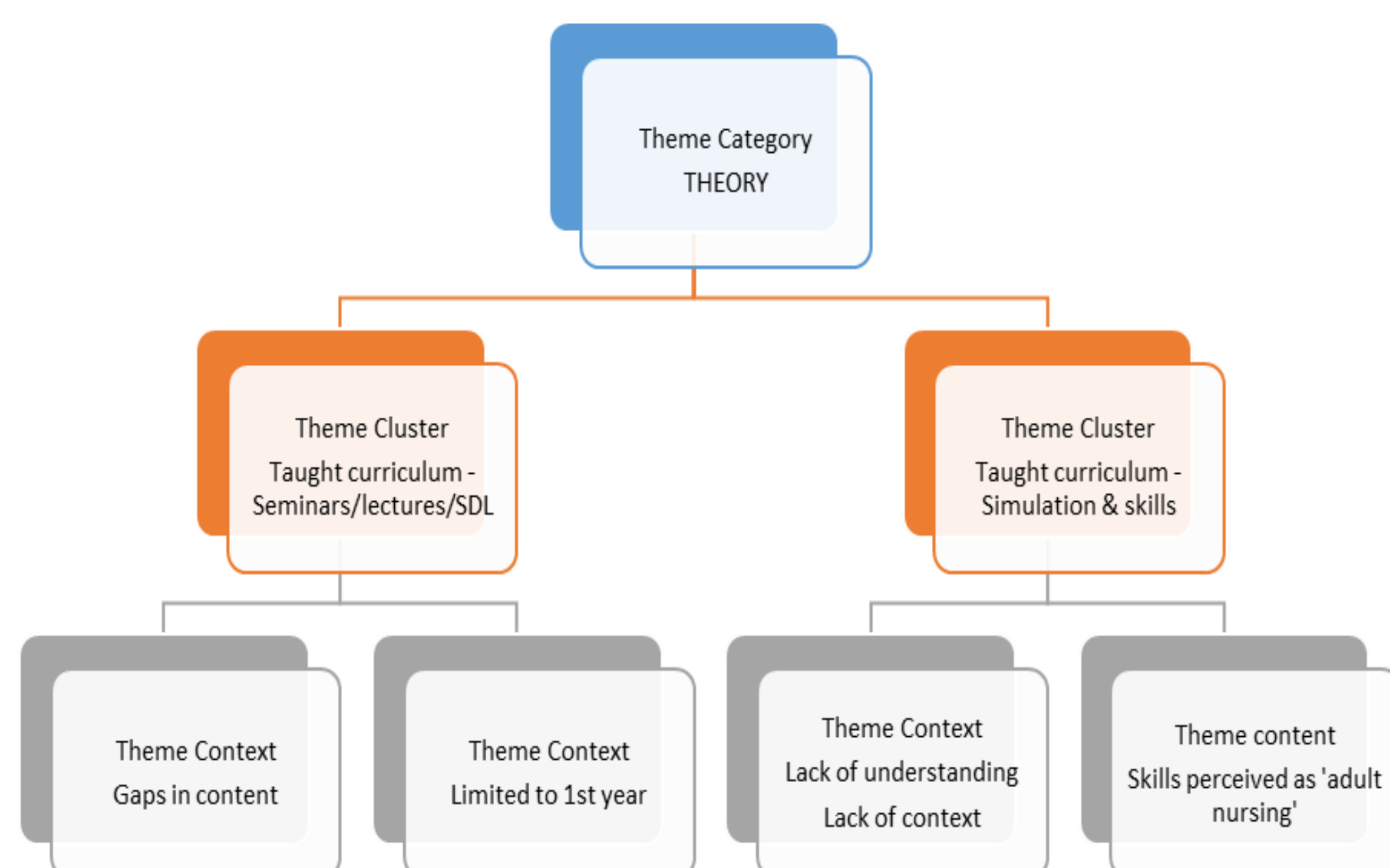
It is incumbent on UK Universities to educate and train nursing students to be proficient in both knowledge and skills in order to provide holistic care to service users at the point of registration before they join the nursing workforce.

Methodology

A descriptive phenomenological study was conducted to examine the narrative experiences of 3rd year mental health nursing students in relation to physical health. Data was gathered via in-depth, semi-structured interviews from a sample of 3rd year mental health nursing students. The narrative accounts were thematically analysed.

Findings (Theory)

The findings revealed that the Theoretical (taught) component of the curriculum appeared to be insufficient in relation to physical health and was largely limited to the first year of the Programme. Participants reported that a lack of context between physical health and mental health existed, with students often ascribing physical health skills as being adult nursing focused. There was some confusion amongst the participants around simulation and a sense of disappointment that self-directed study (SDL) was often not consolidated.



Narratives

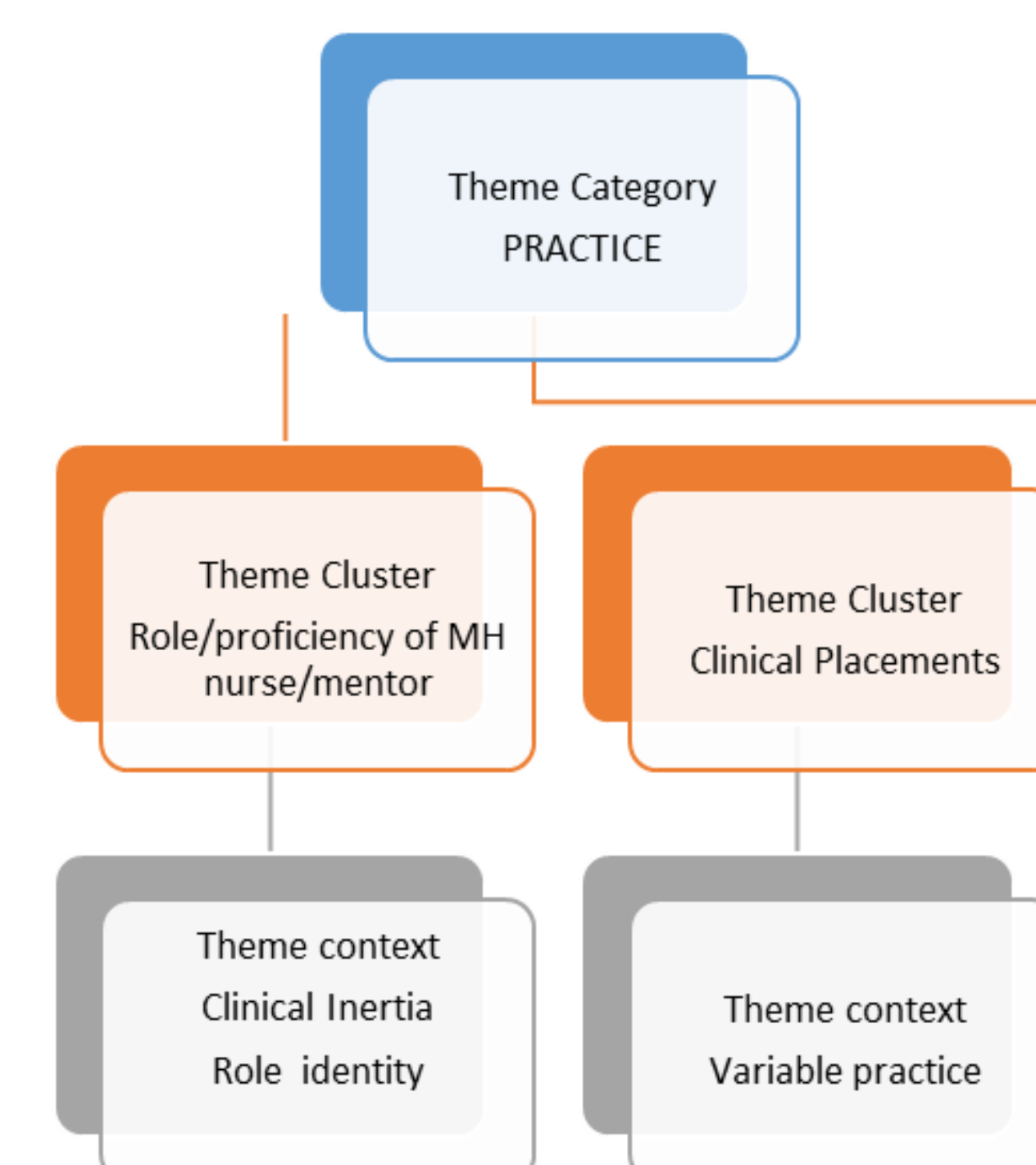
P2 "We definitely had clinical skills sessions. We had loads of them in first year. Very minimal in second and I think maybe one in third year..."

P3 "I suppose the focus on reminding how important it is [physical health] is kind of lost a bit as time goes on ...but I would like it threaded throughout all three years"

P2 "there's such an emphasis on you're an independent, adult learner now, they kind of forget that we need some direction..."

Findings (Practice)

The findings suggested that a clinical inertia exists in Practice, with some mental health nurses exhibiting reluctance to undertake physical health assessments and in some cases refusing. Participants reported variable experiences of physical health assessment with service users and equally variable physical health clinical proficiencies from their mentors. A lack of clarity around the role of the mental health nurse was a key finding of the study.



Narratives

P1 "I remember one mentor and a patient who needed a wound dressing ... he said, I'm a psychiatric nurse not a physical health nurse, I'm not touching that"

P2 "Its very limited, if you work with specialized teams, like I've worked for the Clozapine Team, they know more about physical health"

P2 "[patient] with a mental health diagnosis, stuck on a mental health ward, even though their physical health needs are a priority...so many qualified nurses and mentors and students feel unequipped to handle these situations because we aren't taught these skills like we want to be"

Limitations

The study was limited by the small sample size, which could not be used to represent a larger population. Also, the study also did not take in to account participants' demographic data such as previous work experience or qualifications or age.

Conclusion

The findings from this study suggest that the UK Pre-registration nursing curriculum does not adequately prepare mental health nursing students to address the physical health and wellbeing of service users. There would appear to be key failings relating to both the theoretical and practice elements of the nursing curriculum. It would seem that the chasm between idealised practice and common practice continues to expand and urgent action is required to address this.